

Lori A. Shibinette Commissioner

Melissa A. St. Cyr, Esq. Chief Legal Officer

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LEGAL AND REGULATORY SERVICES

CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9025 1-800-852-3345 Ext. 9025 Fax: 603-271-4782 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

CHILD CARE LICENSING VISIT ASSESSMENT

The staff at the Child Care Licensing Unit invites you to participate in an assessment of today's visit. If you choose to participate, you may acknowledge who you are or you may choose to remain anonymous. We thank you in advance for your willingness to help us assess the strengths and weaknesses of the state child care licensing process.

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What was the purpose of thi First licensing visit Renewal visit	s visit? Monitoring visit Revision of license	Complaint investige Consultation	gation Other
Was the visit appropriate in	terms of time spent at the program	n? (Explain)	
Would you describe the lice	nsing coordinator as professional?	(Explain)	
Did the licensing coordinate	or review potential rule violations v	with you or other staff	f before leaving your program?
If no, did the licensing coord	dinator let you know when that rev	view would occur?	
Other comments or suggesti	ons?		
Visit Date:	Program Name:		Town:
Licensing Coordinator(s): _			
Your Name:	Position at the program:		
	meone further about your visit, plo your licensing coordinator's superv		25 or 1-800-852-3345 extension
	You can email the survey to: Mel Or	issa.Clement@dhhs.r	nh.gov

Mail to: Melissa Clement-CONFIDENTIAL-Child Care Licensing Unit 129 Pleasant Street Concord, NH 03301-3857